

YORK *Care & Education* PROFESSIONAL

FOR PROGRAM USE ONLY: Date of Admission: _____ Date of Withdrawal: _____

Home Child Care

(Please check appropriate box)

CHILD CARE CENTRES

- The Children's Academy, Barrie
- The Children's Academy, Mt. Albert
- Holland Landing Children's Academy
- Lester B. Pearson Children's Academy
- Sixteenth Avenue Children's Academy, Rich. Hill
- St. Joseph Children's Academy, Rich. Hill
- Children Are Unique, Richmond Hill
- German Mills Children's Academy, Thornhill

BEFORE AND AFTER SCHOOL KIDS' CLUBS

- German Mills Public School – Thornhill
- Sixteenth Avenue Public School
- Mount Albert Public School
- Holland Landing Public School
- Lester B. Pearson Public School - Aurora
- Aurora Grove Public School - Aurora
- Northern Lights Public School - Aurora
- Regency Acres Public School - Aurora

- St. Joseph Catholic School - Rich. Hill
- St. Joseph Catholic School - Aurora
- Park Avenue Public School – Holland Landing

PARENT REGISTRATION

Child's Surname _____ Given Names _____

Home Address _____ City _____ Postal Code _____

Home Phone # _____ DOB (D/M/Y) _____ Sex _____

Parent/ Guardian First Name _____ Surname _____	Relationship to child _____
Home Address _____ City _____	Postal Code _____
Home Phone # _____ Cell # _____	Email _____ <input type="checkbox"/>
Business Name _____	
Business Address _____ City _____	Postal Code _____
Business Phone _____ Extension _____	

Parent/ Guardian First Name _____ Surname _____	Relationship to child _____
Home Address _____ City _____	Postal Code _____
Home Phone # _____ Cell # _____	Email _____ <input type="checkbox"/>
Business Name _____	
Business Address _____ City _____	Postal Code _____
Business Phone _____ Extension _____	

(Please check the preferred email address for communication with you)

IF PARENT/GUARDIAN CANNOT BE REACHED, CONTACT:

First Name _____ Last Name _____ Home Phone # _____

Address _____ Business Phone # _____

City _____ Postal Code _____ Cell Phone # _____

Relationship to child _____

First Name _____ Last Name _____ Home Phone # _____

Address _____ Business Phone # _____

City _____ Postal Code _____ Cell Phone # _____

Relationship to child _____

The above mentioned persons are authorized to pick up the child in case of emergency.

COMPLETE ONLY IF DIFFERENT FROM AFOREMENTIONED. PERSONS AUTHORIZED TO PICKUP CHILD FROM YPCE PROGRAMS

First Name _____	Last Name _____	Home Phone # _____
Address _____		Business Phone # _____
City _____	Postal Code _____	Cell Phone # _____
Relationship to child _____		
First Name _____	Last Name _____	Home Phone # _____
Address _____		Business Phone # _____
City _____	Postal Code _____	Cell Phone # _____
Relationship to child _____		

DOCTOR'S INFORMATION		
First Name _____	Last Name _____	Phone No. _____
Address _____		City _____ Postal Code _____
SPECIAL MEDICAL INFORMATION: ALLERGIES, CHRONIC CONDITIONS, ETC.		

CARE REQUIREMENTS		
Starting Date: _____	Days Required: M T W TH F	
Hours required: _____	Drop Off: _____	Pick Up: _____
How did you hear about us? _____		

Is your child attending school? Yes _____ No _____
Name of School & Address _____
A..M. _____ P.M. _____ All Day _____ Grade _____
Busing Arrangements _____

BILLING NAME: _____	Note: Tax Receipt will be issued to person listed in Billing Name
----------------------------	--

A NON-REFUNDABLE REGISTRATION FEE OF \$50.00 IS REQUIRED WITH THIS REGISTRATION.

I have read and agree to the Terms of Business.

SIGNATURE: _____ DATE _____

OFFICE USE ONLY:

INVOICE INFORMATION: Reg. Fee Rec'd: \$ _____ Chq. # _____
Start Date: _____ Fee _____ Chq. # _____ Amount _____
PAP Date: _____

CONTRACT BETWEEN:

YORK PROFESSIONAL CARE AND EDUCATION

Home Child Care

The Children's Academy, Barrie
The Children's Academy, Mt. Albert
Holland Landing Children's Academy
Lester B. Pearson Children's Academy, Aurora
St. Joseph's Children's Academy, Richmond Hill
Sixteenth Avenue Children's Academy, Rich. Hill
Children Are Unique, Richmond Hill
German Mills Children's Academy, Thornhill
St. Joseph's Children's Academy, Richmond Hill

Before and After School Kids' Clubs -

Mount Albert Public School
Holland Landing Public School
Lester B. Pearson Public School - Aurora
Aurora Grove Public School - Aurora
Northern Lights Public School - Aurora
Regency Acres Public School - Aurora
Sixteenth Avenue Public School - Rich. Hill
St. Joseph Catholic School - Rich. Hill
St. Joseph Catholic School - Aurora
German Mills Public School - Thornhill
Park Avenue Public School - Holland Landing

hereinafter referred to as the "**AGENCY**"

AND

(name of parent or guardian) hereinafter referred to
as the "**PARENT**"

Whereas the **PARENT** has requested that the **AGENCY** arrange child care services (hereinafter referred to as the "**SERVICES**") for their child(ren)

hereinafter referred to as the "**CHILD**"

And whereas the **AGENCY** has agreed to arrange for the **SERVICES** to be provided on a monthly basis.

And whereas the **AGENCY** is licensed by the Government of Ontario as a non-profit corporation to provide such **SERVICES** and is accountable to the Ministry of Community, Family and Children's Services.

And whereas the **PARENT** acknowledges and agrees to the Rules, Regulations, Policies and Procedures of the **AGENCY**.

The **PARENT** therefore understands and agrees to the following terms:

1. To pay a non-refundable fee at the time of the Registration.
2. To register for direct withdrawal of fees on the first working day of each month, prior to commencing the **SERVICES**, in the amount established for the **SERVICES** requested, with no deductions for holidays or absences.
3. To give a minimum of (2) weeks written notice prior to the withdrawal of the **CHILD** from **SERVICES**, or in lieu of notice, to pay full program fees for two (2) weeks.

4. To pay a late fee to the Staff person on duty/Provider, if the **CHILD** remains at the Centre/Home past the scheduled pick-up time. If the **PARENT** does not contact the Staff or cannot be reached by 7:00 p.m., it is understood that the Police and the Children's Aid Society will be notified.
5. To pay an automatic penalty of \$50.00 for any payment for returned Non-Sufficient Funds and to pay interest on outstanding accounts.
6. To the closing of **SERVICES** on the following days:

New Year's Eve (half day)	Civic Holiday
Family Day	Labour Day
New Year's Day	Thanksgiving
Good Friday	Christmas Eve (half day)
Easter Monday	Christmas Day
Victoria Day	Boxing Day
Canada Day	
7. To submit completed *immunization records*, **PRIOR** to the child commencing **SERVICES**.
8. To ensure that only authorized persons, as designated on the Registration Form, are allowed to pick up the **CHILD**.
9. To inform the Agency in writing if the **CHILD** is involved in a custody dispute, and to provide the Supervisor/Child Care Consultant with a copy of the court order custody papers.
10. To withdraw the **CHILD** from **SERVICES** without notice if the Supervisor/Provider, after discussion with the **PARENT**, and in consultation with resource staff, determines that the **CHILD** is exhibiting deliberate and/or persistently violent or disruptive behaviour, **OR** that the **PARENT** has not fully carried out the terms of this Contract or the **PARENT** responsibilities under the policies and procedures pertaining to these **SERVICES**.
11. To give the Supervisor/Provider permission to transport the **CHILD** to a nearby physician or hospital, and to authorize medical treatment necessary for the **CHILD'S** welfare and good health, including ordering the administration of medication, injections, anaesthesia, surgery, or any other medical procedures deemed necessary in the circumstances by the treating physician. I understand and agree that where possible, the Supervisor/Provider will attempt to notify me before seeking and obtaining medical attention. However, if I cannot be contacted or in the event of an emergency, I authorize the Agency to obtain immediate medical treatment for the **CHILD** and to notify me as soon as possible.
12. To reimburse the Agency for any additional expenses that may result from the provision of the above medical services and/or transportation for medical care. I also confirm that the **CHILD** is covered by the Ontario Health Insurance Plan or equivalent medical insurance.
13. To release York Professional Care & Education Inc. (individually and together hereinafter referred to as the Agency, its trustees, directors, related corporations, employees, staff and agents) from any liability for any loss, personal injury, accident, misfortune or damage to the **CHILD** or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the **CHILD**. I acknowledge that the **CHILD** attends the Centre/licensed home and participates in its activities at his/her own risk.
14. *For Home Child Care only:
In the event that a Provider leaves the Agency and the parent who was introduced to a Provider by the Agency chooses within 6 months of leaving the Agency, to contract independently with a Provider, the parent agrees to pay a finder's fee of \$500 to the Agency to cover the costs of recruiting, training and establishing another Provider.

Dated at _____, this _____ day of _____ 20 _____

STAFF _____ PARENT _____

TERMS OF BUSINESS

FEES

A non refundable one time Registration Fee of \$50.00 is required to register for all our programs.

Fees are set in accordance with the on-going cost of operation. Payment is made by direct withdrawal on the 1st working day of each month, prior to commencing the SERVICES.

There is no reduction in monthly fees for children who are absent for any reason other than illness that exceeds 5 days of regularly scheduled care and is substantiated by a medical certificate.

If you have more than one child full time in our programs, ask your Supervisor or Consultant whether you qualify for a discount.

After 1 week (5 days) failure to make payment will result in immediate termination of care.

A charge of \$50.00 will apply to all NSF payments.

Kindergarten children are considered to be full time at all Centres whether or not they leave during the day to attend school elsewhere. Children are also considered to be full time in the Home Child Care program when the Provider is responsible for ensuring that the child arrives safely both to and from school.

Receipts for Income Tax purposes are issued each February.

ADJUSTMENTS OF FEES

If you need to amend your direct withdrawal, please call 10 days prior to the 1st of the month to prevent processing. If you leave a program during the month, the refund owing to you will be calculated on the daily rate. Changes in rates are subject to 30 days notice. A minimum of a 1% increase can be anticipated each January.

A 10% discount is available for the **second full time, full day, full fee** child in the same family. The discount is only available on full month's fees and when fees are paid according to the Terms of Business. The discount is not available if the account is past due or NSF.

LATE FEE

Our programs close promptly at 6:00 pm. Please be conscientious about picking up your child on time. It is essential that you notify the Staff/Provider if unusual circumstances necessitate your child being picked up earlier or later than usual. We would appreciate you making alternate arrangements for pickup if you anticipate being late from time to time.

Parents who are late picking up their child will be charged a late fee of \$1.00 a minute (payable to the Provider or Supervisor). Constant lateness may be cause for termination of your contract with York Professional Care & Education. If you have any questions or concerns please speak to your Supervisor or Home Child Care Consultant. Please note that Children's Aid will be called after 7 p.m. if arrangements have not been made to pick up your child.

PART TIME CARE

Priority for space is given to working parents requiring a full time program. A part time program is available only when a space is not required by a full time child. Part time families will be offered the opportunity to take the space full time or be provided with 30 days notice to find alternate care.

WITHDRAWAL FROM CARE

We require a minimum of two weeks' written notice, in advance, when your child is being withdrawn from a program. If notice is not received, you will be charged your regular fee for two weeks.

Since our registration fee is a one-time "family membership" with York Professional Care & Education, you may always return to a program without any additional registration fee, providing there is space available. If the Centre is full, or your Provider chooses to take another child in your absence, upon your return you will be offered alternate space or be given priority on our waiting list.

BREAK IN SERVICE

If you choose to take time off in the summer, it must be scheduled in monthly calendar units. If you are not using your space for a calendar month, there is no monthly fee. However, if other families want to register for the program, your space cannot be held. An attempt will be made to notify you if the space is required for another child. Please discuss your situation with your Supervisor/Provider before leaving to ensure that you both have a clear understanding and the same expectation for your return.

When programs close for the summer, in order to guarantee your space for September you must provide a cheque dated August 15th for your September fees, before the end of June.

PRE-AUTHORIZED PAYMENT PLAN

1. Complete and sign the enrollment/authorization form below.
(Terms and conditions are attached.)
2. Attach a personal cheque unsigned and marked "void"
3. Return this enrollment/authorization form and void cheque to our office.

Payor Name (s) _____

Street Address _____

City / Province / Postal Code _____

Phone _____

I (WE) AUTHORIZE: York Professional Care & Education
15203 Yonge Street
Aurora, Ontario L4G 1L8

TO DEBIT MY/OUR ACCOUNT: ACCOUNT NUMBER _____
NAME OF FINANCIAL INSTITUTION _____
BRANCH ADDRESS _____
TRANSIT NUMBER _____

FOR \$ _____ fixed amount monthly beginning _____,
Payable on the first business day of every month.

variable amount not to exceed \$ _____ beginning _____
Payable on the first business day of every month.

I/We have read and understood the terms of this authorization and acknowledge receipt of a copy thereof.

Signature

Date

Signature**

Date

**For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account

15203 Yonge Street, Aurora, Ontario. L4G 1L8
Telephone: (905) 841-1314 (416) 969-8133
www.yorkprofessional.com

PRE-AUTHORIZED PAYMENT PLAN TERMS AND CONDITIONS

I/We will notify the company in writing of any changes in the account information or termination of this authorization at least thirty (30) days prior to the next payment date.

I/We understand that termination of this authorization does not affect my/our obligation to pay for goods or services contracted for/with the Agency.

My/Our financial institution will treat each debit as if I/We had personally issued a written direction authorizing the Agency to debit the amount(s) specified to my/our account and need not verify that payments are drawn in accordance with this authorization.

I/We understand that any debits charged to my/our account will be reimbursed if:

- a) the debit was not drawn in accordance with this authorization;
- b) the authorization has been terminated; or
- c) the debit was posted to the wrong account due to invalid/incorrect account information supplied by the Agency,

by giving notice in writing to my/our branch of account within ninety (90) days of the debit to my/our account.

I/We acknowledge that delivery of this authorization to the Agency constitutes delivery to my financial institution.

I/We warrant that all persons whose signatures are required to sign up on this account have signed this authorization.

CONFIDENTIAL

CHILD'S INFORMATION

Date: _____

=====
This information will be kept confidential. It is only to aid our staff and providers in communicating with, and understanding your child's needs.
=====

Child's Name: _____ D.O.B. _____

Siblings: Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Has your child had any communicable diseases/illnesses or conditions requiring medical attention since birth?

When: _____ Age: _____ Why: _____

When: _____ Age: _____ Why: _____

Allergies: _____

Is there any information about your family you wish to share with us that might be helpful in the care of your child?

Language(s) spoken at home _____

List any special needs (i.e. learning disabilities, speech, hearing, sight etc.) _____

Does your child have any experience in a day care, nursery school, or drop-in centre?

If yes, where: _____

When: _____

Do you have any other information of which we should be aware? (i.e. food restrictions, cultural differences, health or medical conditions, and symptoms of conditions) _____

See over

DEVELOPMENTAL HISTORY OF CHILD

=====

For Infants, Toddlers, and Preschoolers only.

Favourite play activities: Indoor: _____

Outdoor: _____

Favourite toys: _____

How does your child express feelings?

fear _____

anger _____

frustration _____

resentment _____

sadness _____

a) What child rearing practices do you use to deal with inappropriate behaviour?

b) What is your child's usual reaction? _____

1. Is your child in diapers? 9 yes 9 no

2. Is your child toilet trained? 9 yes 9 no

If no, what steps are you taking?: _____

3. Word child uses for urination _____

Word child uses for bowel movements _____

YORK PROFESSIONAL CARE & EDUCATION PARENT CONSENT FORM

PARENT'S NAME: _____

CHILD(REN'S) NAME: _____

LOCATION/PROVIDER: _____

Please review and carefully answer the following questions.

Do you consent to:

1.
 - a) The provision of such medical treatment as is deemed necessary by the child's physician or the attending physician in the event of accident or illness. Yes _____ No _____
Important information to note: _____

 - b) The administration of medication on the conditions stated in the "Policy and Procedures for Administration of Medications", a copy of which is contained in the Parent Handbook. Yes _____ No _____
 - c) The application of sunscreen to the child by Staff/Provider as required throughout the year. It is my responsibility to supply sunscreen and to label it with the child's name. Yes _____ No _____
2. The use of a wading pool on the premises. Yes _____ No _____
3. Permission for the use of photos of my child(ren) in Agency literature. They are not identified by name.
 - Newsletters, bulletin boards, brochures Yes _____ No _____
 - Website Yes _____ No _____
 - Comments: _____
4. Consent for walks off premises. Yes _____ No _____
5. Attendance at, or participation in, special events, trips or outings that might be scheduled:
 - a) using public transportation (taxi, bus or subway) Yes _____ No _____
 - b) providing that I/we have been notified in writing of the nature and manner of the outing at least one week in advance on the Field Trip/Special Event form. Yes _____ No _____

Parent/Guardian

Date

IMMUNIZATION PROGRAM – QUESTIONNAIRE

* Please review both sides of this questionnaire before taking any action *

Parent/Guardian: _____

Phone-Home: _____ Work: _____

To the Parent/Guardian of:

~~Ontario Health Card Number:~~ _____

 (Name of Student) (Class): _____

Birth Date: _____ Sex: _____
(Year/Month/Day)

 (Address)

School: _____

 (City / Province) (Postal Code)

No: _____ Student No: _____

Dear

All name and address information is provided to York Region Community and Health Services by your child's school. If the above information is incorrect, please contact your child's school to have the information corrected.

According to the *Immunization of School Pupils Act*, Public Health departments are required to have proof of up-to-date immunization for all students under 18 years of age attending Ontario schools against **diphtheria, tetanus, polio, measles, mumps and rubella**. Immunization against measles, mumps and rubella must have been given after the 1st birthday.

The recorded immunizations with York Region Community and Health Services for this student are:

Vaccine ▶	Diphtheria	Pertussis <small>(Whooping Cough)</small>	Tetanus	Polio – IPV <small>(Salk)</small>	Polio – OPV <small>(Sabin)</small>	Hib <small>(Haemophilus)</small>	Measles	Mumps	Rubella	Hepatitis B	Men C Conj.	Varicella	PneuC 7 Conj
Dates Given (yy/mm/dd)													

IMPORTANT

Attach a copy of your child's complete immunization record from birth (e.g. yellow immunization card) or update this chart to show all of your child's immunizations

This record shows that we do not have dates for the following vaccines:

Information on outstanding vaccines may be recorded below. If your child has not received these vaccinations, please make an appointment with your doctor and take this form and your child's immunization record with you to be updated.		
VACCINE(S) GIVEN:	DATE GIVEN:	DOCTOR'S NAME AND TELEPHONE NUMBER:

Return this form to:

Return By:

The information provided or attached to this form is being collected, and will be used by the local health unit for the purpose of the Medical Officer of Health maintaining an immunization record on the above named student and to take appropriate action to prevent certain vaccine preventable diseases in the health unit. This information may be disclosed to the Ministry or other health units for the purpose of the prevention of vaccine preventable diseases. For further details about this collection, you can contact the Manager of the Infectious Diseases Control Division by calling (905) 830-4444, ext. 3578; TTY: 1-866-252-9933.



Action Required:

1. If this student has received vaccinations in addition to what our records show, please update our records by either:
 - faxing a copy of the student's up-to-date immunization record to (905) 895-6066, or
 - mailing your updated questionnaire and a copy of the child's immunization record in the return envelope provided. Postage will need to be affixed. The updated questionnaire does not require a doctor's signature.
 - calling York Region Immunization Services at 1-877-794-1880 and select Option 1; TTY: 1-866-252-9933.

2. If your child requires a vaccine, please make an appointment with your family doctor to have this student immunized. Take this form and your child's immunization record with you so that the doctor can record the vaccines given. Once the doctor has updated the record, please inform Public Health Immunization through either a phone call, fax or using the return envelope provided as outlined above. The questionnaire does not require a doctor's signature.

3. Call York Region Immunization Services if:
 - this student requires a medical, religious, or conscientious reasons exemption from immunization, or
 - this student does not have an immunization record to date; or
 - you have any questions

The **parent/guardian** is solely responsible for providing York Region Community and Health Services with up-to-date immunization information for his/her child, including **vaccines and date given (year, month and day)**. York Region Community and Health Services is required by law to review all students' immunization records each year. The original copy of your child's immunization record is an official document. York Region Public Health recommends that you retain it in your possession. Any new information should be provided on an **ongoing basis** to York Region Community and Health Services.

ROUTINE IMMUNIZATION SCHEDULE, PROVINCE OF ONTARIO

Age	Diphtheria	Pertussis	Tetanus	Polio	Hib	Measles	Mumps	Rubella
2 months	√	√	√	√	√			
4 months	√	√	√	√	√			
6 months	√	√	√	√	√			
> 12 months						√	√	√
18 months	√	√	√	√	√	√	√	√
4 - 6 years	√	√	√	√				
14 - 16 years (Due 10 years from previous booster)	√	√	√					
Every 10 years after	√		√					

Note: 2 doses of measles vaccine are required – with 1st dose after the 1st birthday.

Immunization Review Process

- **Questionnaire** – Each year, York Region Community and Health Services reviews all students' immunization records and a questionnaire is sent home with students when information is required. The completed questionnaire should be returned directly to York Region Community and Health Services.
- **Suspension Order** – A few weeks later, if no response or inadequate information is provided, a Suspension Order is mailed home to parents indicating the date the student will be suspended from school.
- **Suspension** – After a further 3-4 weeks from the original date of the Suspension Order, if no response or inadequate information is provided, the child will be suspended from school unless adequate proof of immunization is provided or a valid exemption is on file with York Region Immunization Services.

If at any time you have questions or wish to update immunization information for your child, please call Immunization Services at 1-877-794-1880 and select Option 1; TTY: 1-866-252-9933 or visit our website at



- **Licensed Home Child Care**

Supervised homes in Richmond Hill, Maple, Aurora, Newmarket, Holland Landing, Bradford and Keswick.

Full and Part-Time care for 6 weeks to 12 years

Telephone: 905-841-1314 ext. 22 or email: homechildcare@ypce.com

- **Children's Academy(s)** (*see list below*)

Full and Part-Time care for 18 months – 5 years

Toddler & Preschool Step Ahead Programs • Junior & Senior Kindergarten

- ***Before and After School Kids' Club** for 4 – 12 years old (*see list below*)

- **Camps** - **Summer Day Camp** 5 – 12 yrs old and **Overnight Leadership Camp** 7 – 15 yrs old

German Mills Children's Academy*

(German Mills Public School)

61 Simonston Blvd.,

Thornhill, Ontario. L3T 4R5

(905) 709-3484

Ages 2.5 to 12 years

Sixteenth Avenue Children's Academy*

(Sixteenth Avenue Public School)

400 Sixteenth Avenue,

Richmond Hill, Ontario. L4C 7A9

(905) 884-8588

Ages 2.5 to 12 years

Children Are Unique Children's Academy

519 Sixteenth Avenue,

Richmond Hill, Ontario. L4C 7A7

(905) 709-1599

Ages 18 months to 5 years

St. Joseph Children's Academy*

(St. Joseph Catholic School R.H.)

301 Roney Avenue,

Richmond Hill, Ontario. L4C 2H4

(905) 780-9857

Ages 2.5 to 12 years

Lester B. Pearson Children's Academy*

(Lester B. Pearson Public School)

15 Odin Crescent,

Aurora, Ontario. L4G 3T3

(905) 727-0450

Ages 2.5 to 12 years

Holland Landing Children's Academy*

(Holland Landing Public School)

16 Holland River Blvd.,

Holland Landing, Ontario. L9N 1C5

(905) 836-8916

Ages 2.5 to 12 years

Mount Albert Children's Academy*

19299 Centre St. (Ages 18 mnths – 5 yrs)

5488 Mt. Albert Rd. (Ages 5 – 12 yrs)

Mount Albert, Ontario. L0G 1M0

(905) 473-1106

Ages 18 months to 12 years

The Children's Academy

565 Bryne Drive,

Barrie, Ontario. L4N 9Y3

(705) 739-1350

Ages 12 months to 5 years

Northern Lights Kids' Club*

(Northern Lights Public School)

40 Bridgenorth Drive,

Aurora, Ontario. L4G 7S6

(905) 841-1314

Ages 4 to 12 years

Aurora Grove Kids' Club*

(Aurora Grove Public School)

415 Stone Road

Aurora, Ontario. L4G 6Z5

(905) 841-1314

Ages 4 to 12 years

Regency Acres Kids' Club*

(Regency Acres Public School)

123 Murray Drive,

Aurora, Ontario. L4G 2C7

(905) 841-1314

Ages 4 to 12 years

St. Joseph Kids' Club*

(St. Joseph Catholic School Aurora)

2 Glass Dr.

Aurora, Ontario. L4G 2E8

(905) 841-1314

Ages 4 to 12 years

Park Avenue Kids' Club*

(Park Avenue Public School)

36 Sunrise Street.,

Holland Landing, Ontario. L9N 1H5

(905) 841-1314

Ages 4 to 12 years